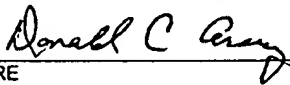


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U.S. APPLIC. NO. (if known, see 37 CFR 1.50) 09/762163		INTERNATIONAL APPLICATION NO. PCT/GB99/02425		ATTORNEY'S DOCKET NUMBER 4002-006	
				CALCULATIONS	PTO USE ONLY
17. <input type="checkbox"/> The following fees are submitted: Basic National Fee (37 CFR 1.492(a)(1)-(5)): Search Report has been prepared by the EPO or JPO \$860.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) \$690.00 No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) \$710.00 Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$1000.00 International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) \$100.00					
ENTER APPROPRIATE BASIC FEE AMOUNT =					
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$.00	
Claims	Number Filed	Number Extra	Rate		
Total Claims	-20 =		x \$18.00	\$	
Independent Claims	-3 =		x \$80.00	\$	
Multiple dependent claim(s) (if applicable)			+ \$270.00	\$	
TOTAL OF ABOVE CALCULATIONS =				\$860.00	
Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28).				\$	
SUBTOTAL =				\$860.00	
Processing fee of \$130.00 for furnishing the English translation later than the <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				+	\$
TOTAL NATIONAL FEE =				\$	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				+	\$
TOTAL FEES ENCLOSED =				\$860.00	
				Amount to be: refunded	\$
				charged	\$
a. <input checked="" type="checkbox"/> A check in the amount of \$860.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 03-1045. A duplicate copy of this sheet is enclosed.					
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.					
SEND ALL CORRESPONDENCE TO: Donald C. Casey 311 North Washington Street, Suite 100 Alexandria, VA 22314 (703) 548-2131					
 SIGNATURE <u>Donald C. Casey</u> NAME _____ _____ 24,022 REGISTRATION NUMBER _____ _____ DATE _____					